

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*09-139410*

FILING DATE

APPLICANT(S)

*12/18/00*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.	<i>3</i>		<i>2</i>			
TOTAL DEP.	<i>17</i>	↓	<i>18</i>	↓		
TOTAL CLAIMS	<i>20</i>		<i>19</i>			

PTO-1280 (0-78)

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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